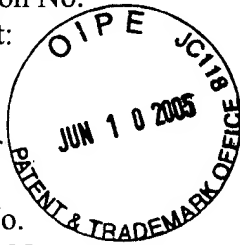


15u 3764

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/682,353
Applicant: : Richard M. Hall
Filed: : 08/24/2001
Art Unit : 3764
Examiner : Michael A. Brown
Docket No. : 1320.02
Customer No. : 21901
For : Obesity Treatment Aid



Confirmation No.: 8397

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

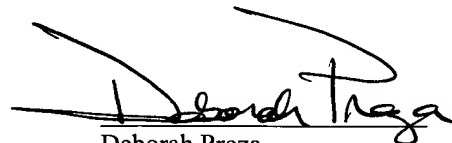
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. A Petition and Fee for Extension of Time is attached hereto.

CERTIFICATE OF MAILING

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Specification, Amendments to the Claims, and Remarks, is being mailed with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 8, 2005.

Dated: June 8, 2005


Deborah Preza

(Amendment Transmittal—page 1)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3) SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	34	Minus	35	= 0	x \$25 =	\$0
Indep.	4	Minus	5	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
Total						Addit. Fee
						\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 28,761
Tel. No.: (727) 507-8558

Ronald E. Smith
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